

Newly Revised Hanford Beryllium Employee Questionnaire

The Beryllium Awareness Group has revised this questionnaire. The attached forms were simplified to make them easier to complete. The purpose of this questionnaire is to locate those Hanford employees who may have been exposed to Beryllium and give them the opportunity to enter the Beryllium monitoring program.

Completion of this questionnaire is voluntary. However, it is highly recommended that any employee who believes that he/she has been exposed to beryllium complete this questionnaire. The medical portion is confidential, and will not be released to anyone without the written permission of the employee. Also, information related to beryllium exposure symptoms will be added to an employee's medical files at HEHF to assist in diagnosing any medical conditions that might be beryllium related. Information obtained from this questionnaire relating to facilities and prior beryllium exposure levels will also be utilized in on-going programs to evaluate past beryllium exposure. The completed questionnaire should be returned to **HEHF Beryllium, H1-04**. After review, the employee will be contacted regarding the need for a medical follow-up exam.

Hanford employees should use this questionnaire. Separate studies are being performed by the University of Washington and the Hanford Building Trades on former employees who may have been exposed to beryllium.

Beryllium Disease Prevention Program

Name		Contractor		MSIN													
Today's Date		Payroll #		HID #	h												
Job Title				Work Phone #													
Current Work Location (Area/Bldg/Room)			Mo. / Yr. you started work at Hanford														
Other than at Hanford have you ever worked with beryllium? If yes, please describe.																	
Bldg	Date From Mo./Yr.	Date To Mo./Yr.	Work Location	Work Activities Performed													
Suspect Beryllium Facilities. Place a Check next to any Building you have worked in.																	
MSL-5		231-Z		272-W		305-B		311-TF		326		334-A		3706		3731-A	
RTL-520		234-5Z		303-F		306		313		327		1154		3708		3745-B	
100-DR		241-A		303-J		306-W		314		328		1706-KE		3712		3751-A	
202-S		271-B		303-K		306-E		318		329		1713-F		3716		EDL	
209-E		272-AW		303-M		308		324		331		2101-HV		3718		PSL	
222-T		272-WA		304		309		325		333		2714-W		3720			
1234/36/50/52			6 TH ST Warehouse			2400 Stevens			Other * Please list								
* Please list Building Number and room where beryllium work was conducted if not listed with above buildings.																	
Comments																	
Was any Protective Equipment used for beryllium work activities (respirator, clothing)?																	

HANFORD SITE BERYLLIUM QUESTIONNAIRE Beryllium Disease Prevention Program Continuation Page
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NON HANFORD BERYLLIUM QUESTIONNAIRE

Beryllium Disease Prevention Program

Name				MSIN	
Today's Date		Payroll #		HID #	h
Job Title Now				Work Phone #	
Current Work Location (Area/Bldg/Room)					

Work History

Please list the approximate dates (Month/Year), Area(s), and the building(s) you have worked at other DOE sites, other than Hanford, with possible exposure to beryllium. Starting with most recent, use another piece of paper if necessary.

Start Date	End Date	Site	Building / Room	Task Performed

Other than at a DOE site have you ever worked with or been exposed to beryllium? If yes, please describe.

Comments

Identify Department of Energy site / Contractor where you had a potential exposure to beryllium to the best of your knowledge.

BERYLLIUM MEDICAL QUESTIONNAIRE

Hanford Environmental Health Foundation

Name:		Gender:		Male		Female
Contractor:				Date of Birth:		
Today's Date		Payroll #		HID #	h	

POTENTIAL BERYLLIUM EXPOSURE SYMTOMS

Please check any of the following potential symptoms of beryllium exposure that you are experiencing:

Symptoms	Yes	No	Comment
Cough			
Chest Pain			
Shortness of breath, especially with exertion			
Weight Loss			
Fatigue			
Weakness			

Have you been told you have Sarcoid or Sarcoidosis / Granulomatous Disease or Scarring?

Yes		No	
If yes, explain:			

Have you been told you have an ongoing lung disease?

Yes		No	
If yes, what is the diagnosis:			

Have you been told you have an abnormal chest X-ray (Tumor, Mass or other pulmonary lesions)?

Yes		No	
If yes, explain:			

Have you been told you have an abnormal pulmonary function test (breathing test)?

Yes		No	
If yes, explain:			

Comments:
